

# Wellspring Chiropractic Center

Serving the community for over 20 years

Within Every Cell is a Wellspring of Healing Potential

Dr. Katina V. Manning

## Personal Health History

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Other: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Occupation: \_\_\_\_\_

Please circle: single married partnered divorced widowed separated # of children: \_\_\_\_\_

In case of Emergency, Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ phone: \_\_\_\_\_

Whom may we thank for referring you to Wellspring Chiropractic Center? \_\_\_\_\_

*Your body is designed to be healthy. Throughout life, experiences and events occur which may negatively impact your body's expression of health. Chiropractic serves to locate and release nerve interference and tension patterns which are being stored in your body; this allows for a greater expression of health.*

Please thoroughly fill out the following information in order to help us understand your current state of health.

• Reason for seeking Chiropractic Care: (please mark all that apply)

To experience a new level of health and healing

To be more connected to my body

To relieve my pain

I'm not sure

Other: \_\_\_\_\_

• Do you currently have any health concerns?  Yes  No Please explain: \_\_\_\_\_

• How has the above affected your life? \_\_\_\_\_

• What do you hope to gain from the care here at Wellspring Chiropractic? \_\_\_\_\_

• Have you received Chiropractic Care in the past?  Yes  No

Date of last adjustment: \_\_\_\_\_ How long were you under care for: \_\_\_\_\_

Reason for ending care: \_\_\_\_\_

• Please briefly describe your daily routine, including meals and snacks: \_\_\_\_\_

• What are your daily exercise habits? \_\_\_\_\_

- What are your current play/recreation activities? \_\_\_\_\_
  - What is your level of commitment to yourself, your health and your wellbeing: High Medium Low
  - How would you rate your current health? Poor Fair Average Good Excellent
  - How would you describe your family's health? Poor Fair Average Good Excellent
  - Are you healthier now than you were 5 years ago? \_\_\_Yes \_\_\_No Why? \_\_\_\_\_
  - Do you know the health history of your birth? \_\_\_Yes \_\_\_No
    - Were you born: \_\_\_Home birth \_\_\_Hospital birth \_\_\_Adopted \_\_\_Other
    - Was your birth: \_\_\_Vaginal birth \_\_\_Cesarean section \_\_\_Forceps \_\_\_Suction
    - Was medical intervention used during your birth? \_\_\_Yes \_\_\_No \_\_\_\_\_
  - Are you currently receiving medical attention and if so, for what? \_\_\_\_\_
- 
- Please list ALL medications you are currently taking (prescription and non-prescription) \_\_\_\_\_
- 

The following are some of the major stressors which can contribute to interference and tension in your body.

Please check all that apply (or have applied) to you.

**Physical Stressors**

- \_\_Birth Trauma
- \_\_Slip/Falls
- \_\_Car Accidents
- \_\_Sports Injuries
- \_\_Physical Abuse
- \_\_Heavy Physical Labor
- \_\_Poor Posture
- \_\_Excessive computer use
- \_\_Prolonged driving/standing
- \_\_Repetitive movements

**Emotional Stressors**

- \_\_Relationships
- \_\_Career
- \_\_Family
- \_\_Finances
- \_\_Pace of Life
- \_\_Quick temper
- \_\_Holding in feelings
- \_\_Perfectionism
- \_\_Procrastination
- \_\_Depression

**Chemical Stressors**

- \_\_Environmental
- \_\_Smoker
- \_\_2nd Hand Smoke
- \_\_Caffeine
- \_\_Alcohol
- \_\_“Diet/sugar free” food
- \_\_Soda intake
- \_\_Prescription drugs
- \_\_Junk food
- \_\_Recreational drugs

- What do you feel is the primary stress in your life? \_\_\_\_\_
- What are the 5 healthiest habits you currently choose in your life? \_\_\_\_\_
- What are the top 5 habits you would like to shift in your life? \_\_\_\_\_
- Why is your health important to you (ie. how will your life be better and what will you do once you reach your health goals)? \_\_\_\_\_
- Is there anything else you would like to share with us? \_\_\_\_\_